



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER CR-05-10004-PBS		
DEFENDANT Oleksiy Sharapka (Defendant)	TYPE OF PROCESS FINAL ORDER OF FORFEITURE		
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize One Magnetic Card Writer, Model No. MSR206-3HL, Serial No. A009524		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210			
Number Of Process To Be Served In This Case. Number Of Parties To Be Served In This Case. <input type="checkbox"/> Check Box If Service Is On USA			
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please dispose of the above-referenced asset pursuant to the attached Final Order of Forfeiture and applicable law.			
JLJ xt 3297			
Signature of Attorney or other Originator requesting service on behalf of <input checked="" type="checkbox"/> Plaintiff Kristina E. Barclay, Assistant U.S. Attorney			
<input checked="" type="checkbox"/> Defendant Telephone No. (617) 748-3100 Date Apr 13, 2007			
SIGNATURE OF PERSON ACCEPTING PROCESS: <i>Susan E. Keween</i>			
Date <i>4/17/07</i>			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I <input checked="" type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input checked="" type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input checked="" type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
Signature, Title and Treasury Agency			

REMARKS:

Magnetic Card Writer, Model No. MSR206-3HL, Serial No. A009524 was destroyed on September 4, 2007.

TD F 90-22.48 (6/96)

RETURN TO COURT FOR CASE FILE LEAVE AT PLACE OF SERVICE FILE COPY

Seizure #102-06-006